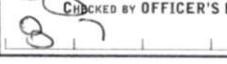




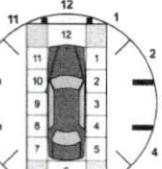
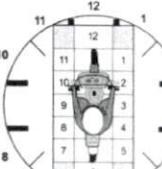
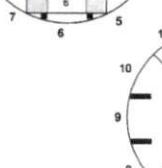
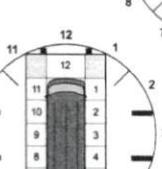
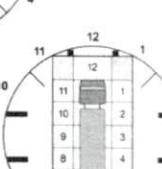
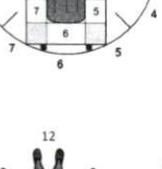
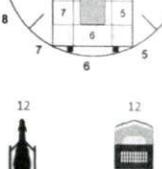
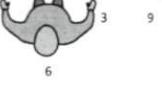
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

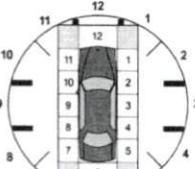
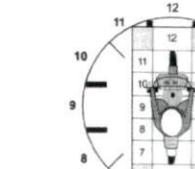
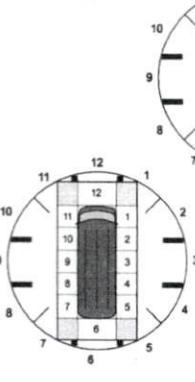
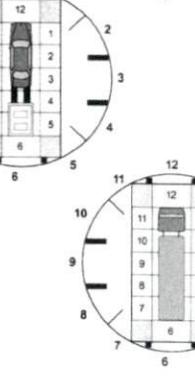
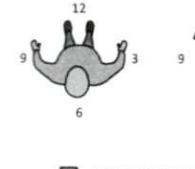
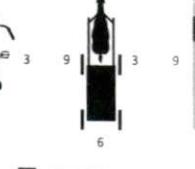
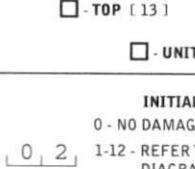
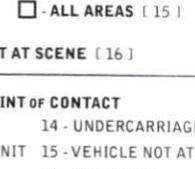
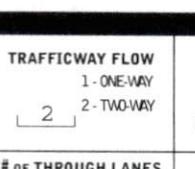
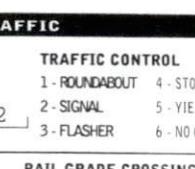
<input checked="" type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION		LOCAL REPORT NUMBER*							
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*		NCIC*	2 2 0 3 6 7 6 0						
				Fairfield Police Department		0 0 9 0 1	HIT/SKIP	NUMBER OF UNITS	UNIT IN ERROR				
							2 1-SOLVED	0 2	0 1 98-ANIMAL				
							2 2-UNRESOLVED		0 1 99-UNKNOWN				
COUNTY*		LOCALITY*		LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY				
0 9		1-CITY 2-VILLAGE 3-TOWNSHIP		City of Fairfield			0 5 2 4 2 0 2 2 1 8 3 8		5				
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES					
	S R	4			Nilles		R D	3 9 . 3 3 9 2 7 4					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1-NORTH 2-SOUTH 3-EAST 4-WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES						
								8 4 . 5 3 4 6 4 8					
REFERENCE POINT		DIRECTION FROM REFERENCE	ROUTE TYPE		ROAD TYPE	INTERSECTION RELATED							
1-INTERSECTION 2-MILE POST 3-HOUSE #		1-NORTH 2-SOUTH 3-EAST 4-WEST	IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	4				
DISTANCE FROM REFERENCE		DISTANCE UNIT OF MEASURE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROADWAY								
		1-MILES 2-FEET 3-YARDS			<input type="checkbox"/> ROADWAY DIVIDED								
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE			
1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFIC WAY 7-ON RAMP 8-OFF RAMP				1-NOT COLLISION 2-BEFORE THE 1ST WORK ZONE 3-BETWEEN 4-TWO MOTOR VEHICLES IN 5-ANGLE 6-TRANSPORT 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-HEAD-ON 10-CROSSOVER 11-DRIVEWAY/ALLEY ACCESS 12-RAILWAY GRADE CROSSING 13-SHARED USE PATHS OR TRAILS 14-BIKE LANE 15-TOLL BOOTH 99-OTHER / UNKNOWN				1-NORTH 2-SOUTH 3-EAST 4-WEST		1- DIVIDED FLUSH MEDIAN (<4 FEET) 2- DIVIDED FLUSH MEDIAN (>4 FEET) 3- DIVIDED, DEPRESSED MEDIAN 4- DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER/UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED		WORK ZONE TYPE		LOCATION OF CRASH IN WORK ZONE				1	1	2			
<input type="checkbox"/> WORKERS PRESENT		1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER		1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING SIGN 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA				1-Straight Level 2-Straight Grade 3-Curve Level 4-Curve Grade 9-Other/Unknown	1-DRY 2-WET 3-SNOW 4-ICE 5-SAND, MUD, DIRT, OIL, GRAVEL 6-WATER (STANDING, MOVING) 7-SLUSH 9-OTHER/UNKNOWN	1-CONCRETE 2-BLACKTOP, BITUMINOUS, ASPHALT 3-BRICK/BLOCK 4-SLAG, GRAVEL, STONE 5-DIRT 9-OTHER/UNKNOWN			
<input type="checkbox"/> LAW ENFORCEMENT PRESENT													
<input type="checkbox"/> ACTIVE SCHOOL ZONE													
LIGHT CONDITION				WEATHER									
1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN				1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL				0 1	6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN				
NARRATIVE										 Indicate the north direction with an "N" on the compass diagram.			
<p>On 5/24/2022 at about 6:38 P.M. Unit 1 was traveling northwest from private property at 5161 S.R.4 (Dixie Hwy.) and was attempting to make a left turn to travel southwest on Nilles Road and in so doing failed to yield the right of way to, and collided with Unit 2 which was traveling northeast on Nilles Road.</p> <p>Unit 1 left without exchanging any personal information.</p>										SEE OH-2			
CRASH REPORTED DATE / TIME			DISPATCH DATE / TIME			ARRIVAL DATE / TIME			SCENE CLEARED DATE / TIME			REPORT TAKEN BY	
0 5 2 4 2 0 2 2 1 8 3 8			0 5 2 4 2 0 2 2 1 8 3 8			0 5 2 4 2 0 2 2 1 8 3 8			0 5 2 4 2 0 2 2 1 8 5 5			<input checked="" type="checkbox"/> POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*			CHECKED BY OFFICER'S NAME*			<input type="checkbox"/> MOTORIST	
						C. Frazier							
						OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*			<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO IDPS)	
						1 5 8							

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER)																															
0 2																																		
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)																																		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																															
			HONDA																															
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLACK																															
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS # PLACARD ID #																													
UNIT TYPE 0 1 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		# OF TRAILING UNITS 0																																
1 - YES 2 - NO 9 - OTHER/UNKNOWN		VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0																																
SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER		AUTONOMOUS MODE LEVEL 1 - NO AUTOMATION 2 - DRIVER ASSISTANCE 3 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION																																
CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																																
VEHICLE DEFECTS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT																																
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK																																
ACTION		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - STRIKING 6 - STRUCK 7 - BOTH STRIKING & STRUCK 8 - PRE-CRASH ACTIONS 9 - OTHER/UNKNOWN																																
CONTRIBUTING CIRCUMSTANCES		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN																																
SEQUENCE OF EVENTS																																		
<table border="1"> <tr> <td colspan="6">NON-COLLISION</td> </tr> <tr> <td>1 2 0</td> <td>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION</td> <td>6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT</td> <td>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION</td> <td>16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE</td> <td>22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT</td> </tr> <tr> <td>2 1 1</td> <td>4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT</td> <td>10 - CROSS MEDIAN</td> <td>14 - PEDESTRIAN 15 - PEDALCYCLE</td> <td>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER</td> <td>37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT</td> </tr> <tr> <td>4 1 1</td> <td>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE</td> <td></td> <td>43 - CURB 44 - DITCH 45 - ENBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT</td> <td>50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN</td> </tr> <tr> <td>1</td> <td>FIRST HARMFUL EVENT</td> <td>1</td> <td>MOST HARMFUL EVENT</td> <td></td> <td></td> </tr> </table>						NON-COLLISION						1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNSHILL RUNAWAY 13 - OTHER NON-COLLISION	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM EQUIPMENT 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT	2 1 1	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		43 - CURB 44 - DITCH 45 - ENBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		
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1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																															

LOCAL REPORT NUMBER 2 2 0 3 6 7 6 0									
DAMAGE									
DAMAGE SCALE 9 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN									
DAMAGED AREA(S) INDICATE ALL THAT APPLY									
           									
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14] <input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15] <input checked="" type="checkbox"/> UNIT NOT AT SCENE [16]									
INITIAL POINT OF CONTACT									
0 - NO DAMAGE 14 - UNDERCARRIAGE 1 - 12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 2 - DRIVeway ACCESS 99 - UNKNOWN 3 - SHARED USE PATHS OR TRAILS 4 - FIRST RESPONDER AT INCIDENT SCENE 5 - STANDING 6 - WORKING 7 - WORN OR SLICK TIRES 8 - FLAT BED 9 - CARGOTANK 10 - DUMP 11 - GARBAGE/REFUSE 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 15 - TOWING 16 - SAFETY SERVICE PATROL 17 - PUBLIC UTILITY 18 - POLICE 19 - FIRE 20 - MILITARY 21 - POLICE 22 - FARM 23 - MAIL CARRIER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 28 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 29 - UNKNOWN OR HIT/SKIP									
13 - TOP									
TRAFFIC									
<table border="1"> <tr> <td>TRAFFICWAY FLOW 1 - ONE WAY 2 - TWO WAY</td> <td>TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL</td> </tr> <tr> <td># OF THROUGH LANES ON ROAD 3</td> <td>RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING</td> </tr> <tr> <td colspan="2">UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN</td> </tr> <tr> <td>FROM 7 TO 6</td> <td></td> </tr> </table>		TRAFFICWAY FLOW 1 - ONE WAY 2 - TWO WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER/UNKNOWN		FROM 7 TO 6	
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POSTED SPEED 3 5									

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TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																																																																																	
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INTERLOCK EQUIPPED	DEVICE EQUIPPED	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR																																																																																	
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<table border="0"> <tr> <td>1</td> <td>FIRST HARMFUL EVENT</td> <td>1</td> <td>MOST HARMFUL EVENT</td> <td></td> </tr> </table>					1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																																																																												
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																																																																																	

LOCAL REPORT NUMBER	
2 2 0 3 6 7 6 0	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN
3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]	
<input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
0 - NO DAMAGE 14 - UNDERCARRIAGE	
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE	
99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE WAY 2 - TWO WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
3	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 8 TO 5	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/ UNKNOWN
UNIT SPEED	
1 5	1 - STATED/ ESTIMATED SPEED 2 - CALCULATED/ EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

2 2 0 3 6 7 6 0

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE 0 1				DATE OF BIRTH			AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE							
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1		
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 9	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT #	NAME: LAST, FIRST, MIDDLE 0 2 DUNGAN, LESLIE, ANN				DATE OF BIRTH			AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP	919 OLDE STATION CT, FAIRFIELD, OHIO, 45014				CONTACT PHONE - INCLUDE AREA CODE						
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
	OL STATE O H	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS 1	TYPE 1	VALUE 1	DRUG TEST(S) STATUS 1	TYPE 1	RESULT SELECT UP TO 4
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS	TYPE	VALUE	DRUG TEST(S) STATUS	TYPE	RESULT SELECT UP TO 4	
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS						
1-FATAL	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1-NOT DEPLOYED	1-CLASS A	1-ALCOHOL INTERLOCK DEVICE	1-NOT DISTRACTED	1-NONE GIVEN						
2-SUSPECTED SERIOUS INJURY	2-FRONT - MIDDLE	2-DEPLOYED FRONT	2-CLASS B	2-CDL INTRASTATE ONLY	2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2-TEST REFUSED						
3-SUSPECTED MINOR INJURY	3-FRONT - RIGHT SIDE	3-DEPLOYED SIDE	3-CLASS C	3-CORRECTIVE LENSES	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE						
4-Possible INJURY	4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4-DEPLOYED BOTH FRONT / SIDE	4-REGULAR CLASS (OHIO = D)	4-FARM WAIVER	4-TEST GIVEN, RESULTS KNOWN	4-TEST GIVEN, RESULTS KNOWN						
5-NO APPARENT INJURY	5-SECOND - MIDDLE	5-NOT APPLICABLE	5-M/C MOPED ONLY	5-EXCEPT CLASS A BUS	5-TALKING ON HANDS-FREE COMMUNICATION DEVICE	5-TEST GIVEN, RESULTS UNKNOWN						
INJURED TAKEN BY	6-SECOND - RIGHT SIDE	9-DEPLOYMENT UNKNOWN	6-NO VALID OL	6-EXCEPT CLASS A & CLASS B BUS	6-TALKING ON HAND-HELD COMMUNICATION DEVICE	6-TALKING ON HAND-HELD COMMUNICATION DEVICE						
1-NOT TRANSPORTED / TREATED AT SCENE	7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7-THIRD - MIDDLE	8-THIRD - RIGHT SIDE	8-INTERMEDIATE LICENSE RESTRICTIONS	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
2-EMS	8-THIRD - MIDDLE	9-THIRD - RIGHT SIDE	10-SLEEPER SECTION OF TRUCK CAB	9-LEARNER'S PERMIT RESTRICTIONS	6-PASSENGER	6-PASSENGER						
3-POLICE	10-SLEEPER SECTION OF TRUCK CAB	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11-NOT EJECTED	7-OTHER DISTRACTION INSIDE THE VEHICLE	7-OTHER DISTRACTION INSIDE THE VEHICLE	7-OTHER DISTRACTION INSIDE THE VEHICLE						
9-OTHER / UNKNOWN	11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	12-PASSENGER IN UNENCLOSED CARGO AREA	12-PARTIALLY EJECTED	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	8-OTHER DISTRACTION OUTSIDE THE VEHICLE	8-OTHER DISTRACTION OUTSIDE THE VEHICLE						
SAFETY EQUIPMENT	12-PASSENGER IN UNENCLOSED CARGO AREA	13-TRAILING UNIT	13-TOTALLY EJECTED	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN	9-OTHER / UNKNOWN						
1-NONE USED	13-TRAILING UNIT	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14-FREED BY NON-MECHANICAL MEANS	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY	10-LIMITED TO DAYLIGHT ONLY						
2-SHOULDER BELT ONLY USED	14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	15-NON-MOTORIST	15-NOT TRAPPED	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT	11-LIMITED TO EMPLOYMENT						
3-LAP BELT ONLY USED	15-NON-MOTORIST	16-NON-MOTORIST	16-EXTRICATED BY MECHANICAL MEANS	12-LIMITED - OTHER	12-LIMITED - OTHER	12-LIMITED - OTHER						
4-SHOULDER & LAP BELT USED	16-NON-MOTORIST	17-NON-MOTORIST	17-FREED BY NON-MECHANICAL MEANS	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						
5-CHILD RESTRAINT SYSTEM - FORWARD FACING	17-NON-MOTORIST	18-NON-MOTORIST	18-NOT APPLICABLE	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY	14-MILITARY VEHICLES ONLY						
6-CHILD RESTRAINT SYSTEM - REAR FACING	18-NON-MOTORIST	19-NON-MOTORIST	19-NOT APPLICABLE	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES	15-MOTOR VEHICLES WITHOUT AIR BRAKES						
7-BOOSTER SEAT	19-NON-MOTORIST	20-NON-MOTORIST	20-NOT APPLICABLE	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR	16-OUTSIDE MIRROR						
8-HELMET USED	20-NON-MOTORIST	21-NON-MOTORIST	21-NOT APPLICABLE	17-PROSTHETIC AID	17-PROSTHETIC AID	17-PROSTHETIC AID						
9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	21-NON-MOTORIST	22-NON-MOTORIST	22-NOT APPLICABLE	18-OTHER	18-OTHER	18-OTHER						
10-REFLECTIVE CLOTHING	22-NON-MOTORIST	23-NON-MOTORIST	23-NOT APPLICABLE	19-APPARENTLY NORMAL	19-APPARENTLY NORMAL	19-APPARENTLY NORMAL						
11-LIGHTING - PEDESTRIAN / BICYCLE ONLY	23-NON-MOTORIST	24-NON-MOTORIST	24-NOT APPLICABLE	20-PHYSICAL IMPAIRMENT	20-PHYSICAL IMPAIRMENT	20-PHYSICAL IMPAIRMENT						
12-OTHER / UNKNOWN	24-NON-MOTORIST	25-NON-MOTORIST	25-NOT APPLICABLE	21-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	21-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	21-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)						
13-OTHER / UNKNOWN	25-NON-MOTORIST	26-NON-MOTORIST	26-NOT APPLICABLE	22-ILLNESS	22-ILLNESS	22-ILLNESS						
14-OTHER / UNKNOWN	26-NON-MOTORIST	27-NON-MOTORIST	27-NOT APPLICABLE	23-FELL ASLEEP, FAINTED, FATIGUED, ETC.	23-FELL ASLEEP, FAINTED, FATIGUED, ETC.	23-FELL ASLEEP, FAINTED, FATIGUED, ETC.						
15-OTHER / UNKNOWN	27-NON-MOTORIST	28-NON-MOTORIST	28-NOT APPLICABLE	24-BENZODIAZEPINES	24-BENZODIAZEPINES	24-BENZODIAZEPINES						
16-OTHER / UNKNOWN	28-NON-MOTORIST	29-NON-MOTORIST	29-NOT APPLICABLE	25-CANNABINOID	25-CANNABINOID	25-CANNABINOID						
17-OTHER / UNKNOWN	29-NON-MOTORIST	30-NON-MOTORIST	30-NOT APPLICABLE	26-COCAIN	26-COCAIN	26-COCAIN						
18-OTHER / UNKNOWN	30-NON-MOTORIST	31-NON-MOTORIST	31-NOT APPLICABLE	27-OPIATES / OPIOIDS	27-OPIATES / OPIOIDS	27-OPIATES / OPIOIDS						
19-OTHER / UNKNOWN	31-NON-MOTORIST	32-NON-MOTORIST	32-NOT APPLICABLE	28-OTHER	28-OTHER	28-OTHER						
20-OTHER / UNKNOWN	32-NON-MOTORIST	33-NON-MOTORIST	33-NOT APPLICABLE	29-NEGATIVE RESULTS	29-NEGATIVE RESULTS	29-NEGATIVE RESULTS						



OCCUPANT / WITNESS ADDENDUM

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER			
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
									0	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER		
								0		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
1 - FATAL	1 - NONE USED - VEHICLE OCCUPANT	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED							
2 - SUSPECTED SERIOUS INJURY	2 - SHOULDER BELT ONLY USED	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT							
3 - SUSPECTED MINOR INJURY	3 - LAP BELT ONLY USED	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE							
4 - POSSIBLE INJURY	4 - SHOULDER & LAP BELT USED	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE							
5 - NO APPARENT INJURY	5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	5 - SECOND - MIDDLE	5 - NOT APPLICABLE							
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN						
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - BOOSTER SEAT	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION							
2 - EMS	8 - HELMET USED	8 - THIRD - MIDDLE	1 - NOT EJECTED							
3 - POLICE	9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED							
9 - OTHER / UNKNOWN	10 - REFLECTIVE CLOTHING	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED							
GENDER		11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE						
F - FEMALE		99 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED						
M - MALE			13 - TRAILING UNIT	1 - NOT TRAPPED						
U - OTHER / UNKNOWN			14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS						
			15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS						
			99 - OTHER / UNKNOWN							
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
LUNSFORD, CAROLE, ANN MICHELLE							0 8 2 6 1 9 8 8	3 3	F	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
602 S LOCUST ST APT 67, OXFORD, OHIO, 45056										
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
LAUX, STEPHANIE, ANN							1 2 1 0 1 9 7 9	4 2	F	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			
5385 CAMELOT DRIVE APT 1B, FAIRFIELD, OHIO, 45014										
NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH		AGE	GENDER
									0	
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE			

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER	PD-22-036760	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT
IN COUNTY OF	Butler	ACCIDENT LOCATION	Dixie Hwy // Nilles Rd. // Stadium Dr.	5-24-2022

